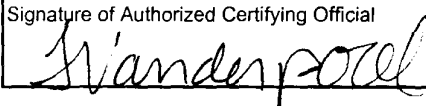


FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0060-DC-2002-I13		OMB Approval No. 0348-0039		Page 1 of 1	
3. Recipient Organization (Name and complete address, including ZIP code) McGrath Native Village Council P.O. Box 134 McGrath, Alaska 99627							
4. Employer Identification Number 92-0068437		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding / Grant Period From: (Month, Day, Year) 8/1/2000 To: (Month, Day, Year) 31-Dec-03		9. Period Covered by this Report From: (Month, Day, Year) 1-Jul-03 To: (Month, Day Year) 30-Sep-03					
10. Transactions:		I Previously Reported	II This Period	III Cumulative			
a. Total outlays		3,751.13	1,100.00	4,851.13			
b. Recipient share of outlays							
c. Federal share of outlays		3,751.13	1,100.00	4,851.13			
d. Total unliquidated obligations							
e. Recipient share of unliquidated obligations							
f. Federal share of unliquidated obligations							
g. Total federal share (Sum of lines c and f)				4,851.13			
h. Total Federal funds authorized for this funding period				100,000.00			
i. Unobligated balance of Federal funds (Line h minus line g)				95,148.87			
11. Indirect Expense		a. Type of Rate (place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title Tamara Vanderpool, Tribal Administrator				Telephone (Area code, number and extension) (907) 524-3024			
Signature of Authorized Certifying Official 				Date Report Submitted October 3, 2003			